

FILED 10 AUG '16 10:47 USD ORP

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND**

☐ DIVISION

KENNETH MEDENBACH

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

ANNA J. BROWN, CRAIG GABRIEL
GEOFF BARROW, ETHER KNIGHT, BILLY WILLIAMS
(Enter full name of ALL defendant(s))

Defendant(s).

3'16 CV 1617- NO
Civil Case No. _____
(to be assigned by Clerk of the Court)

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, KENNETH MEDENBACH, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? ☐ Yes ☒ No

If "Yes" state the place of your incarceration: _____

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☐ Yes ☐ No ☒ Self-employed

a. If the answer is "Yes," state:

Employer's name: CHAINSAW CIZATIONS

Employer's address: 135887 MAIN ST., P.O. BOX 333 CRESENT, OR 97733

Amount of take-home pay or wages: \$ 400 per MONTH (specify pay period)

- b. If the answer is "No," state:

Name of last employer: _____

Address of last employer: _____

Date of last employment: _____

Amount of take-home salary or wages: \$ _____ per _____ (specify pay period)

3. Is your spouse employed? ☐ Yes ☐ No ☐ Self-employed ☒ Not applicable

- a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

- b. Do you have access to your spouse's funds to pay the filing fee in this case? ☐ Yes ☒ No

Please explain your response below:

- c. If your spouse's income or assets are available to you to pay the filing fee in this case, would your spouse have enough money left to pay for his or her own expenses?

☐ Yes ☒ No If the answer is "No," please explain below:

4. In the past 12 months have you received any money from any of the following sources?

- a. Business, profession or other self-employment ☒ Yes ☐ No

If "Yes," state: Amount received: \$ 2000.00

Amount expected in future: \$ 4000.00

- b. Rent payments, interest, or dividends ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

- c. Pensions, annuities, or life insurance payments ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- d. Disability or workers compensation payments ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- e. Gifts or inheritances ☐ Yes ☒ No
 If "Yes," state: Amount received: \$ _____
 Amount expected in future: \$ _____
- f. Any other sources ☒ Yes ☐ No
 If "Yes," state: Source: RETIREMENT
 Amount received: \$ 5000.00
 Amount expected in future: \$ 6000.00
5. Do you have cash or checking or savings accounts? ☒ Yes ☐ No
 (including prison trust accounts)?
 If "Yes," state the total amount: \$25.00
6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☒ Yes ☐ No
 If "Yes," describe the asset(s) and state the value of each asset listed.
1 1/4 ACRES \$15,000
1/4 ACNE W/HOUSE \$10,000
7. Do you have any other assets? ☐ Yes ☐ No
 If "Yes," list the asset(s) and state the value of each asset listed.
1993 CHEVROLET VAN \$1000
1983 P10 CHEVROLET \$1000
1989 P10 CHEVROLET \$1000

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☒ Yes ☐ No

If "Yes," describe and provide the amount of the monthly expense.

FLEET \$50.00
 CAR INSURANCE \$70.00
 ADVERTISING \$20.00
 GASOLINE \$300.00

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

10. Do you have any debts or financial obligations? ☒ Yes ☐ No

If "Yes," describe the amounts owed and to whom they are payable.

\$25,000 US BANK
 \$5,000 CREDIT CARDS

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

8-8-16
 DATE

Kenneth Medenbach
 SIGNATURE OF APPLICANT

Kenneth Medenbach
 PRINTED NAME OF APPLICANT

CERTIFICATE OF SERVICE

I hereby certify that on August 8, 2016, I made service of the following document: APPLICATION TO PROCEED IN FORMA PAUPERIS,

By placing a copy in a first-class postage paid envelope in Crescent, Oregon for delivery by U.S. mail
To the address set below;

United States of America
United States Attorney's Office
1000 SW Third Ave., Suite #600
Portland, OR 97204

A handwritten signature in black ink, appearing to read "Kenneth Medenbach", is written over a horizontal line.

Kenneth Medenbach
135887 Main St., PO Box 333
Crescent, OR 97733